

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known)

Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	PUERTO RICO HOSPITAL SUPPLY, INC.	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	66-0388425	
4. Debtor's address	<p>Principal place of business</p> <p>BARRIO MARTIN GONZALEZ CARR 860 KM 0.1 Carolina, PR 00986-0158 Number, Street, City, State & ZIP Code</p> <p>Carolina County</p>	<p>Mailing address, if different from principal place of business</p> <p>CALL BOX 158 Carolina, PR 00986-0158 P.O. Box, Number, Street, City, State & ZIP Code</p> <p>Location of principal assets, if different from principal place of business</p> <p>Number, Street, City, State & ZIP Code</p>
5. Debtor's website (URL)		
6. Type of debtor	<p><input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))</p> <p><input type="checkbox"/> Partnership (excluding LLP)</p> <p><input type="checkbox"/> Other. Specify: _____</p>	

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name

Case number (if known)

7. Describe debtor's business

A. Check one

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	When	Case number
District	When	Case number

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	Relationship
District	When
	Case number, if known

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- ☐ 1-49
☐ 50-99
☐ 100-199
☒ 200-999

- ☐ 1,000-5,000
☐ 5001-10,000
☐ 10,001-25,000

- ☐ 25,001-50,000
☐ 50,001-100,000
☐ More than 100,000

15. Estimated Assets

- ☐ \$0 - \$50,000
☐ \$50,001 - \$100,000
☐ \$100,001 - \$500,000
☐ \$500,001 - \$1 million

- ☐ \$1,000,001 - \$10 million
☐ \$10,000,001 - \$50 million
☒ \$50,000,001 - \$100 million
☐ \$100,000,001 - \$500 million

- ☐ \$500,000,001 - \$1 billion
☐ \$1,000,000,001 - \$10 billion
☐ \$10,000,000,001 - \$50 billion
☐ More than \$50 billion

16. Estimated liabilities

- ☐ \$0 - \$50,000
☐ \$50,001 - \$100,000
☐ \$100,001 - \$500,000
☐ \$500,001 - \$1 million

- ☐ \$1,000,001 - \$10 million
☒ \$10,000,001 - \$50 million
☐ \$50,000,001 - \$100 million
☐ \$100,000,001 - \$500 million

- ☐ \$500,000,001 - \$1 billion
☐ \$1,000,000,001 - \$10 billion
☐ \$10,000,000,001 - \$50 billion
☐ More than \$50 billion

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 02/26/2019
MM / DD / YYYY

X [Signature]
Signature of authorized representative of debtor
Title **PRESIDENT**

FELIX B. SANTOS
Printed name

18. Signature of attorney

X [Signature]
Signature of attorney for debtor

Date 2/26/19
MM / DD / YYYY

ALEXIS FUENTES-HERNANDEZ
Printed name

FUENTES LAW OFFICES
Firm name

PO BOX 90227266
San Juan, PR 00902-2726
Number, Street, City, State & ZIP Code

Contact phone **787-722-5215**

Email address **ALEX@FUENTESLAW.COM**

USDC-PR 217201 PR
Bar number and State

Fill in this information to identify the case:

Debtor name **PUERTO RICO HOSPITAL SUPPLY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☒ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☒ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

02/26/2019

x

Signature of individual signing on behalf of debtor

FELIX B. SANTOS

Printed name

PRESIDENT

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **PUERTO RICO HOSPITAL SUPPLY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known)

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1

BANCO SANTANDER DE PR

Creditor's Name

**PONCE DE LEON AVENUE
FLOOR 7**

San Juan, PR 00917-1818

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**SECURED BY UCC FILINGS OVER
INVENTORIES AND ACCOUNTS
RECEIVABLE.**

Describe the lien

BANK LOANS

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Column A

Amount of claim

Do not deduct the value of collateral.

\$24,793,912.51

Column B

Value of collateral that supports this claim

\$24,973,912.51

3 Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$24,793,912.51

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **PUERTO RICO HOSPITAL SUPPLY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

**DEPARTMENT OF TREASURY
(INCOME TAX)
PO BOX 9024140
OFFICE 424B
San Juan, PR 00902-4140**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

NOTICE ONLY

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

Priority amount

\$0.00 \$0.00

2.2 Priority creditor's name and mailing address

**DEPARTMENT OF TREASURY
(IVU)
PO BOX 9024140
OFFICE 424B
San Juan, PR 00902-4140**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

NOTICE ONLY

Is the claim subject to offset?

- ☒ No
☐ Yes

\$0.00 \$0.00

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name

Case number (if known)

2.3 Priority creditor's name and mailing address
**INTERNAL REVENUE SERVICE
CITY VIEW PLAZA II 48 CARR 165
SUITE 200
Guaynabo, PR 00968**

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:
NOTICE ONLY

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

2.4 Priority creditor's name and mailing address
**MUNICIPAL REVENUE
COLLECTION CENTER
PO BOX 195387
San Juan, PR 00919-5387**

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$915,593.55 \$0.00

Date or dates debt was incurred
2017

Basis for the claim:
PERSONAL PROPERTY TAXES

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

2.5 Priority creditor's name and mailing address
**MUNICIPIO DE FAJARDO
PO BOX 7346
APARTADO 865
Fajardo, PR 00738**

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:
NOTICE ONLY

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

2.6 Priority creditor's name and mailing address
**PR DEPARTMENT OF LABOR
PO BOX 195540
San Juan, PR 00919-5540**

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:
NOTICE ONLY

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name

Case number (if known)

<p>2.7 Priority creditor's name and mailing address STATE INSURANCE FUND CORPORATION PO BOX 365028 San Juan, PR 00936-5028</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: NOTICE ONLY</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<p>3.1 Nonpriority creditor's name and mailing address 3B MEDICAL, INC 799 OVERLOOK DR Winter Haven, FL 33884</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: INVENTORY</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$10,788.65</p>
<p>3.2 Nonpriority creditor's name and mailing address 3M CORPORATE PO BOX 844127 Dallas, TX 75284-4127</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: INVENTORY</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$3,729.60</p>
<p>3.3 Nonpriority creditor's name and mailing address 3M DE PR, INC. PO BOX 70286 San Juan, PR 00936</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: INVENTORY</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$106,068.92</p>
<p>3.4 Nonpriority creditor's name and mailing address A.A.A. PO BOX 766 San Juan, PR 00916-7060</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number 7854</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: UTILITIES - WATER</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$539.83</p>
<p>3.5 Nonpriority creditor's name and mailing address A.A.A. PO BOX 70101 San Juan, PR 00936-8101</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: UTILITIES - WATER</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$272.36</p>

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name

Case number (if known)

3.6	Nonpriority creditor's name and mailing address A.E.E. PO BOX 363508 San Juan, PR 00936-3508 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES - ELECTRICITY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,862.69
3.7	Nonpriority creditor's name and mailing address AC TECHNICAL SERVICES CORP URB. COUNTRY CLUB 803 CALLE MOLUCAS (AVE ITURREGUI) San Juan, PR 00924 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS AND MAINTENANCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101,441.09
3.8	Nonpriority creditor's name and mailing address ACCU-SCOPE INC 73 MALL DR. Commack, NY 11725 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,109.40
3.9	Nonpriority creditor's name and mailing address ADLINK, INC PO BOX 362884 San Juan, PR 00936-2884 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>ADVERTISING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$303.69
3.10	Nonpriority creditor's name and mailing address ADP, INC PO BOX 842854 Boston, MA 02284-2854 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PAYROLL SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,261.29
3.11	Nonpriority creditor's name and mailing address ADVANCED FIRE PROTECTION PO BOX 3971 Carolina, PR 00984-3971 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MAINTENANCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,912.00
3.12	Nonpriority creditor's name and mailing address ADVANCED MEDICAL DESIGNS 1241 ATLANTA INDUSTRIAL DRIVE Marietta, GA 30066 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106,245.60

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name

Case number (if known)

3.13 Nonpriority creditor's name and mailing address

**AGROPHARMA LABS
PO BOX 1150
Salinas, PR 00751**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,884.30

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.14 Nonpriority creditor's name and mailing address

**ALCOR SCIENTIFIC, INC
20 THURBER BOULEVARD
SMITHFIELD, RI 00291-7000**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$6,447.25

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.15 Nonpriority creditor's name and mailing address

**ALPHA SCIENTIFIC CORP
PO BOX 725
Southeastern, PA 19399**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$750.00

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.16 Nonpriority creditor's name and mailing address

**ALVARADO TAX & BUSINESS
PO BOX 195598
San Juan, PR 00919-5598**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,358.16

Basis for the claim: **TAX CONSULTING SERVICES**

Is the claim subject to offset? ☒ No ☐ Yes

3.17 Nonpriority creditor's name and mailing address

**AMERICAN 3B SCIENTIFIC
2189 FLINTONE DRIVE
SUITE 0
Tucker, GA 30084**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,250.00

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.18 Nonpriority creditor's name and mailing address

**AMERICAN DIAGNOSTIC CORP
55 COMMERCE DR.
Hauppauge, NY 11788**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$892.11

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.19 Nonpriority creditor's name and mailing address

**AMSINO
708 CORPORATE CENTER DR.
Pomona, CA 91768**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$97,871.25

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor PUERTO RICO HOSPITAL SUPPLY, INC.		Case number (if known) _____	
<small>Name</small>			
3.20	Nonpriority creditor's name and mailing address ANSELL HEALTHCARE PRODUCTS DEPT CH 17373 Palatine, IL 60055-7373 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,625.00
3.21	Nonpriority creditor's name and mailing address ANSELL SANDEL MEDICAL 19736 DEARBORN STREET Chatsworth, CA 91311 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,060.88
3.22	Nonpriority creditor's name and mailing address AQUA-GULD X-PRESS CALLE ALDEA #1258 EDIFICIO UNICA SUITE 300 San Juan, PR 00907 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FREIGHT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,482.19
3.23	Nonpriority creditor's name and mailing address ASPEN SURGICAL PRODUCTS 3998 RELIABLE PARKWAY Chicago, IL 60686-0039 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,785.82
3.24	Nonpriority creditor's name and mailing address AT&T MOBILITY PO BOX 6463 Carol Stream, IL 60197-6463 Date(s) debt was incurred _____ Last 4 digits of account number 9109	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TELEPHONE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,366.88
3.25	Nonpriority creditor's name and mailing address AT&T MOBILITY PUERTO RICO PO BOX 70261 San Juan, PR 00936-8261 Date(s) debt was incurred _____ Last 4 digits of account number 6124	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TELEPHONE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,393.29
3.26	Nonpriority creditor's name and mailing address AVALON PAPERS, LLC PO BOX 3967 Oshkosh, WI 54903-3967 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.01

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name

Case number (if known)

3.27	Nonpriority creditor's name and mailing address AVANOS MEDICAL, INC 5405 WINDWARD PARKWAY SUITE 100 SOUTH Alpharetta, GA 30004 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,149.40
3.28	Nonpriority creditor's name and mailing address B BRAUN 824 TWELFTH AVE Bethlehem, PA 18018 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,038,031.64
3.29	Nonpriority creditor's name and mailing address BD DIAGNOSTICS 21588 NETWORK PLACE Chicago, IL 60673-1215 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495,752.07
3.30	Nonpriority creditor's name and mailing address BD MEDICAL SURGICAL SYSTEMS PO BOX 70942 Chicago, IL 60673-0942 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$857,165.59
3.31	Nonpriority creditor's name and mailing address BD MICROBIOLOGY SYSTEM PO BOX 70942 Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$199,299.20
3.32	Nonpriority creditor's name and mailing address BEMIS COMPANY, INC 2200 BADGER AVENUE Oshkosh, WI 54904 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.10
3.33	Nonpriority creditor's name and mailing address BIOSYNERGY, INC 1940 E DEVON AVE Elk Grove Village, IL 60007 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,520.00

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**

Case number (if known)

3.34	Nonpriority creditor's name and mailing address BMF, INC PO BOX 277 Caguas, PR 00725-0277 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$636.00
3.35	Nonpriority creditor's name and mailing address BOVIE MEDICAL CORPORATION 5115 ULMERTON ROAD Clearwater, FL 33760 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$304.80
3.36	Nonpriority creditor's name and mailing address BRACCO DIAGNOSTICS INC PO BOX 978952 Dallas, TX 75397-8952 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,060.73
3.37	Nonpriority creditor's name and mailing address BRIGSS HEALTHCARE 4900 UNIVERSITY AVE SUITE 200 West Des Moines, IA 50266 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,232.00
3.38	Nonpriority creditor's name and mailing address BSN MEDICAL, INC PO BOX 751766 Charlotte, NC 28275-1766 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158,449.67
3.39	Nonpriority creditor's name and mailing address CARDIAC SCIENCE CORPORATION PO BOX 776401 Chicago, IL 60677-6401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,235.00
3.40	Nonpriority creditor's name and mailing address CARDINAL HEALTH PR 120 PO BOX 366211 San Juan, PR 00936-6211 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,049.83

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name

Case number (if known)

3.41	Nonpriority creditor's name and mailing address CARDINAL SCALE MFG CO 203 EAST DAUGHTERY Webb City, MO 64870 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,990.60
3.42	Nonpriority creditor's name and mailing address CARDIOPULMONARY 3002 N.W. 79 AVENUE Miami, FL 33166 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,410.00
3.43	Nonpriority creditor's name and mailing address CAREFUSION CORP 25146 NETWORK PLACE Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number <u>5408</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,959.27
3.44	Nonpriority creditor's name and mailing address CARESTREAM HEALTH PUERTO RICO PO BOX 70231 San Juan, PR 00936-8231 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$905,081.01
3.45	Nonpriority creditor's name and mailing address CARESTREAM HEALTH PUERTO RICO PO BOX 70231 San Juan, PR 00936-8231 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,797.98
3.46	Nonpriority creditor's name and mailing address CARIBE RECYCLING CORP PMC 20 HC-01 BOX 29030 Caguas, PR 00725-8900 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,480.42
3.47	Nonpriority creditor's name and mailing address CARLOS R. BARALT, PSC PO BOX 195103 San Juan, PR 00919-5103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PROFESSIONAL SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,243.00

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name

Case number (if known)

3.48 Nonpriority creditor's name and mailing address

CARSTENS HEALTH IND, INC
PO BOX 99110
Chicago, IL 60693

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,212.97

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.49 Nonpriority creditor's name and mailing address

CASELLAS ALCOVER & BURGOS
PO BOX 364924
San Juan, PR 00936-4924

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$284,909.81

Basis for the claim: **PROFESSIONAL SERVICES**

Is the claim subject to offset? ☒ No ☐ Yes

3.50 Nonpriority creditor's name and mailing address

CINCINNATI SUB-ZERO
12011 MOSTELLER ROAD
Cincinnati, OH 45241

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$50,277.50

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.51 Nonpriority creditor's name and mailing address

COLEGIO ADM DE SERVICIOS

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$5,000.00

Basis for the claim: **SPONSOR**

Is the claim subject to offset? ☒ No ☐ Yes

3.52 Nonpriority creditor's name and mailing address

CONE INSTRUMENTS
DEPT. 2485
PO BOX 11407
Birmingham, AL 35246-2465

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$217.14

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.53 Nonpriority creditor's name and mailing address

CONMED CORPORATION
CHURCH STREET STATION
PO BOX 6814
New York, NY 10249-6814

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$53,773.84

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.54 Nonpriority creditor's name and mailing address

COOPER SURGICAL
PO BOX 712280
Cincinnati, OH 45271

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$13,838.20

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name

Case number (if known)

3.55	Nonpriority creditor's name and mailing address DESIGN VERONIQUE 999 MARINA WAY SOUTH Richmond, CA 94804 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$295.43
3.56	Nonpriority creditor's name and mailing address DJ ORTHOPEDICS/ENCORE PO BOX 650777 Dallas, TX 75265-0777 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$203,248.14
3.57	Nonpriority creditor's name and mailing address DLL FINANCIAL SERVICES PO BOX 41602 Philadelphia, PA 19101-1602 Date(s) debt was incurred Last 4 digits of account number 8708	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$288.75
3.58	Nonpriority creditor's name and mailing address DQS MEDIZINPRODUKTE GMBH AUGUST-SCHANZ STR 21 60433 FRANKFURT A.M. FRANKFURT, DE Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CERTIFICATIONS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,417.40
3.59	Nonpriority creditor's name and mailing address DUARTE WASTE PMB 1820 C/PARRIS 243 San Juan, PR 00917-3632 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GARBAGE DISPOSAL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$836.26
3.60	Nonpriority creditor's name and mailing address DYNAREX CORPORATION 10 GLENSHAW STREET Orangeburg, NY 10962 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69,837.88
3.61	Nonpriority creditor's name and mailing address ECU WORLDWIDE 2401 N.W. 69TH STREET Miami, FL 33147 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FREIGHT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,339.93

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**

Case number (if known)

3.62	Nonpriority creditor's name and mailing address EJ TRANSPORT EXT SANTA MARIA CALLE LIMONCILLO 17B San Juan, PR 00927 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>DIESEL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,625.00
3.63	Nonpriority creditor's name and mailing address EL HORREO DE V SUAREZ PO BOX 364588 San Juan, PR 00936-4588 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WATER SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,001.25
3.64	Nonpriority creditor's name and mailing address ENVISION TECHNOLOGIES PMB 345 100 GRAN BULEVAR PASEOS San Juan, PR 00926-5955 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SYSTEMS MAINTENANCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,039.50
3.65	Nonpriority creditor's name and mailing address ESB PUERTO RICO PO BOX 4825 Carolina, PR 00984-4825 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,523.80
3.66	Nonpriority creditor's name and mailing address EXIPO DESIGN CORUJO INDUSTRIAL PARK CALLE C #46 LOTE A-6 Bayamon, PR 00961 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LEASE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$983.41
3.67	Nonpriority creditor's name and mailing address FACSIMILE PAPER CONN. CORP PO BOX 363122 San Juan, PR 00936-3122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>OFFICE SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$868.44
3.68	Nonpriority creditor's name and mailing address FASHION SEAL UNIFORM PO BOX 748000 Cincinnati, OH 45274-8000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNIFORMS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,799.52

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name

Case number (if known)

3.69	Nonpriority creditor's name and mailing address FEDERAL EXPRESS CORP PO BOX 371461 Pittsburgh, PA 15250-7461 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FREIGHT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,887.86
3.70	Nonpriority creditor's name and mailing address FORDION PACKAGING LTD 637 WYCOFF AVE. #335 Wyckoff, NJ 07481 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,247.00
3.71	Nonpriority creditor's name and mailing address FPV & GALINDEZ PO BOX 364152 San Juan, PR 00936-4152 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTING SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,232.89
3.72	Nonpriority creditor's name and mailing address FUSIONWORKS, INC #120 AVE CONDADO EDIFICIO PICO CENTER, SUITE 102 SAN JUAN, PR 00972-7550 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,762.70
3.73	Nonpriority creditor's name and mailing address GENDRON, INC DRAWER #1337 PO BOX 5935 Troy, MI 48007-5935 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,950.00
3.74	Nonpriority creditor's name and mailing address GENERAL PHYSIOTHERAPY, INC 13222 LAKEFRONT DR Earth City, MO 63045-1504 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$676.00
3.75	Nonpriority creditor's name and mailing address GENSTAR TECHNOLOGIES 4525 EDISON AVE. Chino, CA 91710 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,817.02

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3.76	Nonpriority creditor's name and mailing address GENTELL 2701 BARTRAM RD Bristol, PA 19007 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,970.80
3.77	Nonpriority creditor's name and mailing address GF HEALTH PRODUCTS, INC PO BOX 47510 Atlanta, GA 30362-0510 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,594.49
3.78	Nonpriority creditor's name and mailing address GLOBAL HEALTHCARE 11350 OLD ROSWELL ROAD SUITE 700 Marietta, GA 30090 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,055.50
3.79	Nonpriority creditor's name and mailing address GLOBAL MEDICAL PRODUCTS PO BOX 881982 Port Saint Lucie, FL 34988 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.50
3.80	Nonpriority creditor's name and mailing address GLOBE SCIENTIFIC, INC PO BOX 1625 Paramus, NJ 07653-1625 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,728.48
3.81	Nonpriority creditor's name and mailing address GONZALEZ TRADING, INC PO BOX 364884 San Juan, PR 00936-4884 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,460.00
3.82	Nonpriority creditor's name and mailing address GRACIELA J. BELAVAL PO BOX 193785 San Juan, PR 00919-3785 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,343.00

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3.83	Nonpriority creditor's name and mailing address GUSTOS COFFEE CO PO BOX 11277 San Juan, PR 00922 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OFFICE COFFEE SUPPLIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$447.04
3.84	Nonpriority creditor's name and mailing address HALYARD SALES, LLC PO BOX 732583 Dallas, TX 75373-2583 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$404,902.41
3.85	Nonpriority creditor's name and mailing address HALYARD SALES, LLC PO BOX 732583 Dallas, TX 75373-2583 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,022.22
3.86	Nonpriority creditor's name and mailing address HEATHROW SCIENTIFIC, LLC 620 LAKEVIEW PARKWAY Vernon Hills, IL 60061 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,520.00
3.87	Nonpriority creditor's name and mailing address HEAVY PARTS CENTER, INC PO BOX 3157 Bayamon, PR 00960-3157 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,984.91
3.88	Nonpriority creditor's name and mailing address HNM MEDICAL 20855 NE 16 AVENUE SUITE C 15 Miami, FL 33179 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.00
3.89	Nonpriority creditor's name and mailing address HOLLISTER, INC 72035 EAGLE WAY Chicago, IL 60678-7250 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$192,072.10

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3.90	Nonpriority creditor's name and mailing address HOSPITAL MFG CO PO BOX 7005 Bloomfield, NJ 07003-7005 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180.65
3.91	Nonpriority creditor's name and mailing address HYDROFERA, LLC 340 PROGRESS DRIVE Manchester, CT 06042 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,945.00
3.92	Nonpriority creditor's name and mailing address IFCO RECYCLING, INC PO BOX 191744 San Juan, PR 00919-1744 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>GARBAGE DISPOSAL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,820.00
3.93	Nonpriority creditor's name and mailing address IMMUNOSTICS, INC 38 INDUSTRIAL WAY EAST, STE 1 Eatontown, NJ 07724 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$539.70
3.94	Nonpriority creditor's name and mailing address IMPERIAL FASTENER CO, INC PO BOX 578 Pompano Beach, FL 33061 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180.00
3.95	Nonpriority creditor's name and mailing address INTEGRA LIFESCIENCES SALES PO BOX 404129 Atlanta, GA 30384-4129 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107,091.61
3.96	Nonpriority creditor's name and mailing address INTEGRA LIFESCIENCES SALES PO BOX 404129 Atlanta, GA 30384-4129 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,490.05

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3.97	Nonpriority creditor's name and mailing address INTEGRA LIFESCIENCES SALES PO BOX 409984 Atlanta, GA 30384-9984 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,619.00
3.98	Nonpriority creditor's name and mailing address INTEGRA LIFESCIENCES SALES PO BOX 404129 Atlanta, GA 30384-4129 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,136.00
3.99	Nonpriority creditor's name and mailing address INTEGRA LIFESCIENCES SALES PO BOX 404129 Atlanta, GA 30384-4129 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$302.80
3.100	Nonpriority creditor's name and mailing address INTEGRA RADIONICS PO BOX 404129 Atlanta, GA 30384-4129 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$815.00
3.101	Nonpriority creditor's name and mailing address INTEGRITY MEDICAL DEVICES 360 FAIRVIEW AVENUE Hammonton, NJ 08037 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,401.00
3.102	Nonpriority creditor's name and mailing address INTERSTATE ALL BATTERY PO BOX 363051 San Juan, PR 00936-3051 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AUTOMOBILE PARTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,473.61
3.103	Nonpriority creditor's name and mailing address J & M DEPOT, INC PO BOX 29427 San Juan, PR 00929-9427 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CLEANING MATERIALS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$274.64

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3.104	Nonpriority creditor's name and mailing address J&J MEDICAL CARIBBEAN 475 CALLE C SUITE 200 Guaynabo, PR 00969 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,394,269.19
3.105	Nonpriority creditor's name and mailing address J&J MEDICAL CARIBBEAN 475 CALLE C SUITE 200 Guaynabo, PR 00969 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$412,317.83
3.106	Nonpriority creditor's name and mailing address J.P. TRUCK PO BOX 4811 Carolina, PR 00984 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$242.72
3.107	Nonpriority creditor's name and mailing address JAIME MADURO U.S. CUSTOMS PO BOX 9022847 San Juan, PR 00902-2947 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROFESSIONAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,379.66
3.108	Nonpriority creditor's name and mailing address JD HOONIGBERG INTERNATIONAL 166 N PFINGSTEN ROAD SUITE 150 Deerfield, IL 60015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,414.65
3.109	Nonpriority creditor's name and mailing address JOHNSON & JOHNSON 475 CALLE C SUITE 200 Guaynabo, PR 00969 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,960.16
3.110	Nonpriority creditor's name and mailing address JOHNSON & JOHNSON 475 CALLE C SUITE 200 Guaynabo, PR 00969 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$301,296.20

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3.111	Nonpriority creditor's name and mailing address JOHNSON & JOHNSON WOUND 475 CALLE C SUITE 200 Guaynabo, PR 00969 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$324,673.71
3.112	Nonpriority creditor's name and mailing address JOSE COLON ELEVATOR 202 WALL ST Guaynabo, PR 00966 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MAINTENANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.00
3.113	Nonpriority creditor's name and mailing address JOSON-CARE ENTERPRISE IF NO 280 CHENG DU RD. XI-TUN DISTRICT TAICHUNG CITY, TW Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,847.50
3.114	Nonpriority creditor's name and mailing address JT POSEY CO PO BOX 51017 Los Angeles, CA 90051-5317 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.56
3.115	Nonpriority creditor's name and mailing address KLYO MEDICAL SYSTEMS, INC 1464 NW 82ND AVENUE Miami, FL 33126 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,051.50
3.116	Nonpriority creditor's name and mailing address KROMA PO BOX 367304 San Juan, PR 00936-7040 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ADVERTISING Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,700.00
3.117	Nonpriority creditor's name and mailing address LANDSCAPE CONTRACTORS PO BOX 2557 Toa Baja, PR 00951 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LANDSCAPING Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,962.56

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3.118	Nonpriority creditor's name and mailing address LIBERTY CABLEVISION OF PUERTO RICO PO BOX 71496 San Juan, PR 00936-8596 Date(s) debt was incurred _____ Last 4 digits of account number 6827	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERNET SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,122.88
3.119	Nonpriority creditor's name and mailing address LLUCH FIRE & SAFETY INTL. PO BOX 1016 Sabana Seca, PR 00952-1016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSPECTION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$364.00
3.120	Nonpriority creditor's name and mailing address LUCAS PRODUCTS PO BOX 6570 Toledo, OH 43612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.20
3.121	Nonpriority creditor's name and mailing address LUXTEC/INTEGRA JARIT SURGICAL INSTRUMENTS PO BOX 409984 Atlanta, GA 30384-9984 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,911.15
3.122	Nonpriority creditor's name and mailing address MADA INC 625 WASHINGTON AVENUE Carlstadt, NJ 07072 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,736.79
3.123	Nonpriority creditor's name and mailing address MAGIC TRANSPORT PO BOX 360729 San Juan, PR 00936-0729 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FREIGHT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,993.36
3.124	Nonpriority creditor's name and mailing address MAGMEDIX, INC 160 AUTHORITY DRIVE Fitchburg, MA 01420 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$842.40

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3.125	Nonpriority creditor's name and mailing address MARQUES-GUILLERMETTY, CPA PO BOX 366067 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>ACCOUNTING SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,402.00
3.126	Nonpriority creditor's name and mailing address MEDICAL INTERNATIONAL 1900 PEWAUKEE ROAD SUITE 0 Waukesha, WI 53188 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,700.87
3.127	Nonpriority creditor's name and mailing address MEDICAL TECHNIQUE, INC 8060 E. RESEARCH COURT Tucson, AZ 85710 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,449.70
3.128	Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES, INC DEPT CH 14400 Palatine, IL 60055-4400 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,924.64
3.129	Nonpriority creditor's name and mailing address MEDPURPOSE, INC. 3883 ROGERS BRIDGE ROAD NW SUITE 501 Duluth, GA 30097 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,775.00
3.130	Nonpriority creditor's name and mailing address MENACO CORP PO BOX 70183 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,768.07
3.131	Nonpriority creditor's name and mailing address MERIDIAN BIOSCIENCE CORP PO BOX 630224 Cincinnati, OH 45263-0224 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85,252.30

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3.132	Nonpriority creditor's name and mailing address METRO INTERNATIONAL CORP 75 REMITTANCE DRIVE DEPT. 3044 Chicago, IL 60675-3044 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.20
3.133	Nonpriority creditor's name and mailing address MICRO DIRECT PO BOX 239 Auburn, ME 04212-0239 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.134	Nonpriority creditor's name and mailing address MODERN TECH ASSOCIATES CALLE WESER #144 URB. RIO PIEDRAS HEIGHTS San Juan, PR 00928 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$239.44
3.135	Nonpriority creditor's name and mailing address MORTECH MANUFACTURING 411 N AEROJET AVENUE Azusa, CA 91702 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,408.20
3.136	Nonpriority creditor's name and mailing address MULTI-SYSTEMS, INC PO BOX 191938 San Juan, PR 00919-1938 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: STORAGE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$245.30
3.137	Nonpriority creditor's name and mailing address MUNICIPAL REVENUE COLLECTION CENTER PO BOX 195387 San Juan, PR 00919-5387 Date(s) debt was incurred 2017 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PERSONAL PROPERTY TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,048,093.04
3.138	Nonpriority creditor's name and mailing address NATIONAL LIFT TRUCK SERVICE CALLE DIANA LOT 22 AMELIA INDUSTRIAL PARK Guaynabo, PR 00968 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MACHINERY RENTAL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00

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3.139	Nonpriority creditor's name and mailing address NEMF WORLD TRANSPORT INC PO BOX 3919 Carolina, PR 00984-3919 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$8,340.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FREIGHT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.140	Nonpriority creditor's name and mailing address NEOMED, INC 100 LONDONDENY CT SUITE 112 Woodstock, GA 30188 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$21,827.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.141	Nonpriority creditor's name and mailing address NEPTUNO MEDIA PO BOX 191995 San Juan, PR 00919-1995 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$1,027.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.142	Nonpriority creditor's name and mailing address NEW CLEANING SERVICE, INC. PO BOX 8177 Bayamon, PR 00960-8177 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$624.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CLEANING Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.143	Nonpriority creditor's name and mailing address NIPRO MEDICAL OF PUERTO RICO PO BOX 810263 Carolina, PR 00981 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$6,335.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144	Nonpriority creditor's name and mailing address NORTHERN ACRYLICS, INC. 2321 WEST SUPERIOR STREET Duluth, MN 55806 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$1,481.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.145	Nonpriority creditor's name and mailing address NOVA TERRA, INC PO BOX 142137 Arecibo, PR 00614-2137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$457.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GARBAGE DISPOSAL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.146	Nonpriority creditor's name and mailing address O&M HALYARD, INC 9120 LOCKWOOD BOULEVARD Mechanicsville, VA 23116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,064.98
3.147	Nonpriority creditor's name and mailing address OCASIO GATE O MATIC HC 61 BOX 4594 Trujillo Alto, PR 00976 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MAINTENANCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,584.78
3.148	Nonpriority creditor's name and mailing address OCEAN FREIGHT LINK 3350 S.W. 148 AVE SUITE 110 Hollywood, FL 33027-3237 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FREIGHT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,087.97
3.149	Nonpriority creditor's name and mailing address OFFICE-IT PMB 245 SUITE 102 405 AVE. ESMERALDA Guaynabo, PR 00969 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,122.79
3.150	Nonpriority creditor's name and mailing address OLIVER EXTERMINATING PO BOX 1264 Caguas, PR 00726-1264 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EXTERMINATION SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$569.92
3.151	Nonpriority creditor's name and mailing address OMNIMED, INC 800 GLEN AVENUE Moorestown, NJ 08057-1122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134.00
3.152	Nonpriority creditor's name and mailing address ONEILL & GILMORE LAW 252 AVENUE PONCE DE LEON CITIBANK TOWERSM SUITE 1701 San Juan, PR 00918 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LEGAL SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,848.46

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3.153	Nonpriority creditor's name and mailing address ONEILL & GILMORE LAW 252 AVENUE PONCE DE LEON CITIBANK TOWERSM SUITE 1701 San Juan, PR 00918 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,464.71
3.154	Nonpriority creditor's name and mailing address OPTIVON, INC PO BOX 11881 San Juan, PR 00922-1881 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,076.56
3.155	Nonpriority creditor's name and mailing address ORACLE CARIBBEAN PUERTO RICO PO BOX 71436 San Juan, PR 00936-8436 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SOFTWARE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,123.92
3.156	Nonpriority creditor's name and mailing address ORACLE ELEVATOR COMPANY PO BOX 793 Saint Just, PR 00978 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MAINTENANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$434.86
3.157	Nonpriority creditor's name and mailing address ORIENTAL TRUST OPERATIONS PO BOX 191429 San Juan, PR 00919-1429 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,474.77
3.158	Nonpriority creditor's name and mailing address PAPER LAB URB. COLLEGE PARK 1827 CALLE ALCALA San Juan, PR 00921-4342 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.50
3.159	Nonpriority creditor's name and mailing address PARI RESPIRATORY EQUIPMENT 2412 PARI WAY Midlothian, VA 23112 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.00

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3.160	Nonpriority creditor's name and mailing address PARKER LABS, INC 286 ELDRIGE ROAD Fairfield, NJ 07004 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$234.52
3.161	Nonpriority creditor's name and mailing address PELEGRINA MEDICAL, INC PO BOX 910 Saint Just, PR 00978-0910 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$690.00
3.162	Nonpriority creditor's name and mailing address PELSTAR LLC/ HEALTH O METER 9500 W. 56TH ST La Grange, IL 60525 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$260.00
3.163	Nonpriority creditor's name and mailing address PITNEY BOWES PO BOX 11862 San Juan, PR 00922-1662 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>POSTAL SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$455.34
3.164	Nonpriority creditor's name and mailing address POPULAR AUTO PO BOX 15011 OLD SAN JUAN STATION San Juan, PR 00902-8511 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LEASE OF TRUCKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,249.54
3.165	Nonpriority creditor's name and mailing address PR DUST CONTROL PO BOX 360546 San Juan, PR 00936-0546 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CLEANING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$105.49
3.166	Nonpriority creditor's name and mailing address PRAXAIR PR, INC PO BOX 307 Gurabo, PR 00778 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$89.91

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3.167	Nonpriority creditor's name and mailing address PRECISION DYNAMICS CORP PO BOX 71549 Chicago, IL 60694-1995 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,616.52
3.169	Nonpriority creditor's name and mailing address PRECISION DYNAMICS CORP PO BOX 71549 Chicago, IL 60694-1995 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,639.60
3.169	Nonpriority creditor's name and mailing address PRECISION MEDICAL INC 300 HELD DR Northampton, PA 18067 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.50
3.170	Nonpriority creditor's name and mailing address PREMED, LLC PO BOX 474 Trujillo Alto, PR 00977 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,900.00
3.171	Nonpriority creditor's name and mailing address PRINTER REPAIR DEPOT, LLC PO BOX 364846 San Juan, PR 00936-4846 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$931.03
3.172	Nonpriority creditor's name and mailing address PRO-FAB, INC. BOSQUE FARMS BLVD. Bosque Farms, NM 87068 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,348.00
3.173	Nonpriority creditor's name and mailing address PUERTO RICO DUST CONTROL PO BOX 362048 San Juan, PR 00936-2048 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$316.47

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3.174	Nonpriority creditor's name and mailing address PULMONARY SERVICES GROUP PO BOX 19870 San Juan, PR 00910-1870 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$26.25
3.175	Nonpriority creditor's name and mailing address QUALITY WATER SERVICE PO BOX 9020096 San Juan, PR 00902 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WATER SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$287.04
3.176	Nonpriority creditor's name and mailing address R.A.W. SECURITY SERVICES PMB 214-A PO BOX 607071 Bayamon, PR 00956 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SECURITY SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$7,262.01
3.177	Nonpriority creditor's name and mailing address REAL BUSINESS 1605 AVE. PONCE DE LEON EDIF. SAN MARTIN SUITE 506 San Juan, PR 00909 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$29,107.43
3.178	Nonpriority creditor's name and mailing address RESPIRONICS, INC PO BOX 405740 Atlanta, GA 30384-5740 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$239.25
3.179	Nonpriority creditor's name and mailing address REY ELECTRICAL SERVICES HC 73 BOX 5766 Naranjito, PR 00719 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS AND MAINTENANCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$526.77
3.180	Nonpriority creditor's name and mailing address RICOH, PR BOX 71459 San Juan, PR 00936-8559 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>OFFICE EQUIPMENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6,901.29

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3.181	Nonpriority creditor's name and mailing address RUSSIN, VECCHI & HEREDIA EL RECONDO 2 MONTE MIRADOR ENSANCHE BELLA VISTA 3ER PISO SANTO DOMINGO, DO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.00
3.182	Nonpriority creditor's name and mailing address SAKURA FINETEK USA, INC 1750 W 214TH STREET Torrance, CA 90501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,194.00
3.183	Nonpriority creditor's name and mailing address SALTER LABS 8399 SOLUTIONS CENTER Chicago, IL 60677-8003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,123.00
3.184	Nonpriority creditor's name and mailing address SCHUERCH CORPORATION 452 RANDOLPH ST. Abington, MA 02351 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,689.00
3.185	Nonpriority creditor's name and mailing address SECA CORP. 13601 BENSON AVE. Chino, CA 91710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$301.80
3.186	Nonpriority creditor's name and mailing address SMART SECURITY SERVICES PO BOX 2110 Bayamon, PR 00960 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MAINTENANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.36
3.187	Nonpriority creditor's name and mailing address SMART SECURITY SERVICES PO BOX 50986 LEVITTOWN STATION Toa Baja, PR 00950-0986 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MAINTENANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$575.61

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name:

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3.188	Nonpriority creditor's name and mailing address SMITH MEDICAL PO BOX 7247 Philadelphia, PA 19170-7784 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,035.44
3.189	Nonpriority creditor's name and mailing address SMITHS MEDICAL ASD, INC PO BOX 7247 Philadelphia, PA 19170-7784 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,178.20
3.190	Nonpriority creditor's name and mailing address SMITHS MEDICAL CO PO BOX 7247 Philadelphia, PA 19170-7784 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,469.00
3.191	Nonpriority creditor's name and mailing address SPOT ON HOLD PO BOX 1836 Mayaguez, PR 00681 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ADVERTISING Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$349.95
3.192	Nonpriority creditor's name and mailing address SPS MEDICAL 6789 W. HENRIETTA ROAD Rush, NY 14543 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,372.50
3.193	Nonpriority creditor's name and mailing address SS TECHOS, INC PO BOX 2022 Trujillo Alto, PR 00977 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102,083.12
3.194	Nonpriority creditor's name and mailing address STERICYCLE, INC PO BOX 6582 Carol Stream, IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GARBAGE DISPOSAL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,240.66

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name

Case number (if known)

3.195	Nonpriority creditor's name and mailing address SURGICAL SPECIALTIES PO BOX 419407 Boston, MA 02241-9407 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,412.32
3.196	Nonpriority creditor's name and mailing address SURGICAL SPECIALTIES PR PO BOX 823444 Philadelphia, PA 19182-3444 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237.36
3.197	Nonpriority creditor's name and mailing address SYSTEM ONE, INC BOX 10567 San Juan, PR 00922 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DATA CARD Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.10
3.198	Nonpriority creditor's name and mailing address SYSTRONICS, INC PO BOX 194030 CA 91940-3000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PRINTERS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,067.53
3.199	Nonpriority creditor's name and mailing address TECHNO-AIDE, LLC PO BOX 305172 DEPT 96 Nashville, TN 37230 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,940.20
3.200	Nonpriority creditor's name and mailing address TELEFLEX MEDICAL PO BOX 601608 Charlotte, NC 28260-1608 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,146.82
3.201	Nonpriority creditor's name and mailing address TELEFLEX MEDICAL PO BOX 601608 Charlotte, NC 28260-1608 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,123.83

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**

Case number (if known)

3.202	Nonpriority creditor's name and mailing address TELEFLEX MEDICAL/CV PO BOX 601608 Charlotte, NC 28260-1608 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,857.00
3.203	Nonpriority creditor's name and mailing address TETRA MEDICAL SUPPLY CORP. 6364 WEST GROSS POINT ROAD Niles, IL 60714 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,072.60
3.204	Nonpriority creditor's name and mailing address THERMI FISHER SCIENTIFIC 8364 VALLEY PIKE Middletown, VA 22645 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,199.58
3.205	Nonpriority creditor's name and mailing address TIDI PRODUCTS, LLC PO BOX 776290 Chicago, IL 60677-6290 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,286.92
3.206	Nonpriority creditor's name and mailing address TORCOS, INC PO BOX 29708 San Juan, PR 00929-0708 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CLEANING MATERIALS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$651.78
3.207	Nonpriority creditor's name and mailing address TRI-TEX ENTERPRISES 4909 LAKAWANA STREET Dallas, TX 75247 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,612.20
3.208	Nonpriority creditor's name and mailing address TRIPLE S-SALUD PO BOX 71648 San Juan, PR 00936-8648 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: HEALTH INSURANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,072.49

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name

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3.209	Nonpriority creditor's name and mailing address TRUMPF MEDIZIN SUSTEME GMBH PO BOX 68 Farmington, CT 06034-0068 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,682.32
3.210	Nonpriority creditor's name and mailing address ULINE PO BOX 88741 Chicago, IL 60680-1741 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MATERIALS AND EQUIPMENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.60
3.211	Nonpriority creditor's name and mailing address UNITED INSURANCE FINANCE PO BOX 6356 San Juan, PR 00914-6356 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INSURANCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,378.14
3.212	Nonpriority creditor's name and mailing address UNITED PARCEL SERVICE PO BOX 71594 San Juan, PR 00936-8694 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FREIGHT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124.82
3.213	Nonpriority creditor's name and mailing address UPM GROUP PO BOX 192052 San Juan, PR 00919-5052 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SYSTEM MAINTENANCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,820.95
3.214	Nonpriority creditor's name and mailing address UPR SCHOOL OF MEDICINE PO BOX 365067 San Juan, PR 00936-5067 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>ACTIVITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.215	Nonpriority creditor's name and mailing address VEGA MEDICAL, INC PO BOX 1937 Vega Baja, PR 00694-1937 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$428.75

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
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Case number (if known)

3.216	Nonpriority creditor's name and mailing address VYAIR MEDICAL, INC 29429 NETWORK PLACE Chicago, IL 60673-1294 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,241.20
3.217	Nonpriority creditor's name and mailing address YIGON PO BOX 787426 Philadelphia, PA 19178-7426 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,684.00
3.218	Nonpriority creditor's name and mailing address WATERLOO HEALTHCARE PO BOX 53555 Phoenix, AZ 85072-3555 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$333.70
3.219	Nonpriority creditor's name and mailing address WELLS JOHNSON COMPANY 8000 S. KOLB ROAD Tucson, AZ 85756 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,460.00
3.220	Nonpriority creditor's name and mailing address WESTMED, INC PO BOX 29661 Phoenix, AZ 85038-9661 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,275.74
3.221	Nonpriority creditor's name and mailing address WEXLER SURGICAL, INC. 11333 CHIMNEY ROCK RD. SUITE 110 Houston, TX 77035 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$530.00
3.222	Nonpriority creditor's name and mailing address WILFREDO PICORELLI AVENIDA ROBERTO CLEMENTE #D-1 Carolina, PR 00985 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**

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<p>3.223 Nonpriority creditor's name and mailing address WINCO, INC 5516 SW FIRST LANE Ocala, FL 34474 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$5,951.34</p>
<p>3.224 Nonpriority creditor's name and mailing address WOLF X-RAY CORP 100 WEST INDUSTRY COURT Deer Park, NY 11729 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$3,504.40</p>
<p>3.225 Nonpriority creditor's name and mailing address YOKOGAWA CORP OF AMERICA 2 DART ROAD Newnan, GA 30265 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$2,670.00</p>
<p>3.228 Nonpriority creditor's name and mailing address YOLANDA BENITEZ, COTTO CITY TOWERS SUITE 802 San Juan, PR 00918 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$57,926.03</p>

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c

		Total of claim amounts	
5a.	\$		915,593.55
5b.	+	\$	12,788,993.57
5c.	\$		13,704,587.12

Fill in this information to identify the case:

Debtor name **PUERTO RICO HOSPITAL SUPPLY, INC.**
 United States Bankruptcy Court for the **DISTRICT OF PUERTO RICO**

Case number (if known):

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
3M DE PR, INC. PO BOX 70286 San Juan, PR 00936		INVENTORY				\$106,068.92
ADVANCED MEDICAL DESIGNS 1241 ATLANTA INDUSTRIAL DRIVE Marietta, GA 30066		INVENTORY				\$105,245.60
B BRAUN 824 TWELFTH AVE Bethlehem, PA 18018		INVENTORY				\$1,038,031.64
BD DIAGNOSTICS 21588 NETWORK PLACE Chicago, IL 60673-1215		INVENTORY				\$495,752.07
BD MEDICAL SURGICAL SYSTEMS PO BOX 70942 Chicago, IL 60673-0942		INVENTORY				\$857,165.59
BD MICROBIOLOGY SYSTEM PO BOX 70942 Chicago, IL 60673		INVENTORY				\$199,299.20
BSN MEDICAL, INC PO BOX 751766 Charlotte, NC 28275-1766		INVENTORY				\$158,449.67
CARESTREAM HEALTH PUERTO RICO PO BOX 70231 San Juan, PR 00936-8231		INVENTORY				\$905,081.01

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
CASELLAS ALCOVER & BURGOS PO BOX 364924 San Juan, PR 00936-4924		PROFESSIONAL SERVICES				\$284,909.81
DJ ORTHOPEDICS/ENC ORE PO BOX 650777 Dallas, TX 75265-0777		INVENTORY				\$203,248.14
HALYARD SALES, LLC PO BOX 732583 Dallas, TX 75373-2583		INVENTORY				\$404,902.41
HOLLISTER, INC 72035 EAGLE WAY Chicago, IL 60678-7250		INVENTORY				\$192,072.10
INTEGRA LIFESCIENCES SALES PO BOX 404129 Atlanta, GA 30384-4129		INVENTORY				\$107,091.61
J&J MEDICAL CARIBBEAN 475 CALLE C SUITE 200 Guaynabo, PR 00969		INVENTORY				\$412,317.83
J&J MEDICAL CARIBBEAN 475 CALLE C SUITE 200 Guaynabo, PR 00969		INVENTORY				\$2,394,269.19
JOHNSON & JOHNSON 475 CALLE C SUITE 200 Guaynabo, PR 00969		INVENTORY				\$301,296.20
JOHNSON & JOHNSON WOUND 475 CALLE C SUITE 200 Guaynabo, PR 00969		INVENTORY				\$324,673.71

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
MUNICIPAL REVENUE COLLECTION CENTER PO BOX 195387 San Juan, PR 00919-5387		PERSONAL PROPERTY TAXES				\$2,048,093.04
MUNICIPAL REVENUE COLLECTION CENTER PO BOX 195387 San Juan, PR 00919-5387		PERSONAL PROPERTY TAXES				\$915,593.55
SS TECHOS, INC PO BOX 2022 Trujillo Alto, PR 00977		REPAIRS				\$102,083.12

**United States Bankruptcy Court
District of Puerto Rico**

In re PUERTO RICO HOSPITAL SUPPLY, INC.

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the PRESIDENT of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date:

02/26/2019

Felix B. Santos President

FELIX B. SANTOS/PRESIDENT
Signer/Title

PUERTO RICO HOSPITAL SUPPLY, INCACCU-SCOPE INC
CALL BOX 158
CAROLINA, PR 00986-0158

73 MALL DR.
COMMACK, NY 11725

AMERICAN 3B SCIENTIFIC
2189 FLINTONE DRIVE
SUITE 0
TUCKER, GA 30084

ALEXIS FUENTES-HERNANDEZ
FUENTES LAW OFFICES
PO BOX 90227266
SAN JUAN, PR 00902-2726

ADLINK, INC
PO BOX 362884
SAN JUAN, PR 00936-2884

AMERICAN DIAGNOSTIC CORP
55 COMMERCE DR.
HAUPPAUGE, NY 11788

3B MEDICAL, INC
799 OVERLOOK DR
WINTER HAVEN, FL 33884

ADP, INC
PO BOX 842854
BOSTON, MA 02284-2854

AMSINO
708 CORPORATE CENTER DR.
POMONA, CA 91768

3M CORPORATE
PO BOX 844127
DALLAS, TX 75284-4127

ADVANCED FIRE PROTECTION
PO BOX 3971
CAROLINA, PR 00984-3971

ANSELL HEALTHCARE PRODUCT
DEPT CH 17373
PALATINE, IL 60055-7373

3M DE PR, INC.
PO BOX 70286
SAN JUAN, PR 00936

ADVANCED MEDICAL DESIGNS
1241 ATLANTA INDUSTRIAL DRIVE
MARIETTA, GA 30066

ANSELL SANDEL MEDICAL
19736 DEARBORN STREET
CHATSWORTH, CA 91311

A.A.A.
PO BOX 766
SAN JUAN, PR 00916-7060

AGROPHARMA LABS
PO BOX 1150
SALINAS, PR 00751

AQUA-GULD X-PRESS
CALLE ALDEA #1258
EDIFICIO UNICA SUITE 300
SAN JUAN, PR 00907

A.A.A.
PO BOX 70101
SAN JUAN, PR 00936-8101

ALCOR SCIENTIC, INC
20 THURBER BOULEVARD
SMITHFIELD, RI 00291-7000

ASPEN SURGICAL PRODUCTS
3998 RELIABLE PARKWAY
CHICAGO, IL 60686-0039

A.E.E.
PO BOX 363508
SAN JUAN, PR 00936-3508

ALPHA SCIENTIFIC CORP
PO BOX 725
SOUTHEASTERN, PA 19399

AT&T MOBILITY
PO BOX 6463
CAROL STREAM, IL 60197-6463

AC TECHNICAL SERVICES CORP
URB. COUNTRY CLUB
803 CALLE MOLUCAS (AVE ITURREGUI)SAN JUAN, PR 00919-5598
SAN JUAN, PR 00924

ALVARADO TAX & BUSINESS
PO BOX 195598

AT&T MOBILITY PUERTO RICO
PO BOX 70261
SAN JUAN, PR 00936-8261

AVALON PAPERS, LLC
PO BOX 3967
OSHKOSH, WI 54903-3967

BMF, INC
PO BOX 277
CAGUAS, PR 00725-0277

CAREFUSION CORP
25146 NETWORK PLACE
CHICAGO, IL 60673

AVANOS MEDICAL, INC
5405 WINDWARD PARKWAY
SUITE 100 SOUTH
ALPHARETTA, GA 30004

BOVIE MEDICAL CORPORATION
5115 ULMERTON ROAD
CLEARWATER, FL 33760

CARESTREAM HEALTH PUERTOR
PO BOX 70231
SAN JUAN, PR 00936-8231

B BRAUN
824 TWELFTH AVE
BETHLEHEM, PA 18018

BRACCO DIAGNOSTICS INC
PO BOX 978952
DALLAS, TX 75397-8952

CARIBE RECYCLING CORP
PMC 20 HC-01
BOX 29030
CAGUAS, PR 00725-8900

BANCO SANTANDER DE PR
PONCE DE LEON AVENUE
FLOOR 7
SAN JUAN, PR 00917-1818

BRIGSS HEALTHCARE
4900 UNIVERSITY AVE
SUITE 200
WEST DES MOINES, IA 50266

CARLOS R. BARALT, PSC
PO BOX 195103
SAN JUAN, PR 00919-5103

BD DIAGNOSTICS
21588 NETWORK PLACE
CHICAGO, IL 60673-1215

BSN MEDICAL, INC
PO BOX 751766
CHARLOTTE, NC 28275-1766

CARSTENS HEALTH IND, INC
PO BOX 99110
CHICAGO, IL 60693

BD MEDICAL SURGICAL SYSTEMS
PO BOX 70942
CHICAGO, IL 60673-0942

CARDIAC SCIENCE CORPORATION
PO BOX 776401
CHICAGO, IL 60677-6401

CASELLAS ALCOVER & BURGOS
PO BOX 364924
SAN JUAN, PR 00936-4924

BD MICROBIOLOGY SYSTEM
PO BOX 70942
CHICAGO, IL 60673

CARDINAL HEALTH PR 120
PO BOX 366211
SAN JUAN, PR 00936-6211

CINCINNATI SUB-ZERO
12011 MOSTELLER ROAD
CINCINNATI, OH 45241

BEMIS COMPANY, INC
2200 BADGER AVENUE
OSHKOSH, WI 54904

CARDINAL SCALE MFG CO
203 EAST DAUGHTERY
WEBB CITY, MO 64870

COLEGIO ADM DE SERVICIOS

BIOSYNERGY, INC
1940 E DEVON AVE
ELK GROVE VILLAGE, IL 60007

CARDIOPULMONARY
3002 N.W. 79 AVENUE
MIAMI, FL 33166

CONE INSTRUMENTS
DEPT. 2465
PO BOX 11407
BIRMINGHAM, AL 35246-2465

CONMED CORPORATION
CHURCH STREET STATION
PO BOX 6814
NEW YORK, NY 10249-6814

DYNAREX CORPORATION
10 GLENSHAW STREET
ORANGEBURG, NY 10962

FEDERAL EXPRESS CORP
PO BOX 371461
PITTSBURGH, PA 15250-7461

COOPER SURGICAL
PO BOX 712280
CINCINNATI, OH 45271

ECU WORLDWIDE
2401 N.W. 69TH STREET
MIAMI, FL 33147

FORDION PACKAGING LTD
637 WYCOFF AVE. #335
WYCKOFF, NJ 07481

DEPARTMENT OF TREASURY (INCOME TAX)
PO BOX 9024140
OFFICE 424B
SAN JUAN, PR 00902-4140

ETAXP TRANSPORT
EXT SANTA MARIA
CALLE LIMONCILLO 17B
SAN JUAN, PR 00927

FPV & GALINDEZ
PO BOX 364152
SAN JUAN, PR 00936-4152

DEPARTMENT OF TREASURY (IVU)
PO BOX 9024140
OFFICE 424B
SAN JUAN, PR 00902-4140

EL HORREO DE V SUAREZ
PO BOX 364588
SAN JUAN, PR 00936-4588

FUSIONWORKS, INC
#120 AVE CONDADO
EDIFICIO PICO CENTER, SUITE 1
SAN JUAN, PR 00972-7550

DESIGN VERONIQUE
999 MARINA WAY SOUTH
RICHMOND, CA 94804

ENVISION TECHNOLOGIES
PMB 345
100 GRAN BULEVAR PASEOS
SAN JUAN, PR 00926-5955

GENDRON, INC
DRAWER #1337
PO BOX 5935
TROY, MI 48007-5935

DJ ORTHOPEDICS/ENCORE
PO BOX 650777
DALLAS, TX 75265-0777

ESB PUERTO RICO
PO BOX 4825
CAROLINA, PR 00984-4825

GENERAL PHYSIOTHERAPY, INC
13222 LAKEFRONT DR
EARTH CITY, MO 63045-1504

DLL FINANCIAL SERVICES
PO BOX 41602
PHILADELPHIA, PA 19101-1602

EXIPO DESIGN
CORUJO INDUSTRIAL PARK
CALLE C #46 LOTE A-6
BAYAMON, PR 00961

GENSTAR TECHNOLOGIES
4525 EDISON AVE.
CHINO, CA 91710

DQS MEDIZINPRODUKTE GMBH
AUGUST-SCHANZ STR 21
60433 FRANKFURT A.M.
FRANKFURT, DE

FACSIMILE PAPER CONN. CORP
PO BOX 363122
SAN JUAN, PR 00936-3122

GENTELL
2701 BARTRAM RD
BRISTOL, PA 19007

DUARTE WASTE
PMB 1820 C/PARRIS 243
SAN JUAN, PR 00917-3632

FASHION SEAL UNIFORM
PO BOX 748000
CINCINNATI, OH 45274-8000

GF HEALTH PRODUCTS, INC
PO BOX 47510
ATLANTA, GA 30362-0510

GLOBAL HEALTHCARE
11350 OLD ROSWELL ROAD
SUITE 700
MARIETTA, GA 30090

HNM MEDICAL
20855 NE 16 AVENUE
SUITE C 15
MIAMI, FL 33179

INTEGRA RADIONICS
PO BOX 404129
ATLANTA, GA 30384-4129

GLOBAL MEDICAL PRODUCTS
PO BOX 881982
PORT SAINT LUCIE, FL 34988

HOLLISTER, INC
72035 EAGLE WAY
CHICAGO, IL 60678-7250

INTEGRITY MEDICAL DEVICES
360 FAIRVIEW AVENUE
HAMMONTON, NJ 08037

GLOBE SCIENTIFIC, INC
PO BOX 1625
PARAMUS, NJ 07653-1625

HOSPITEL MFG CO
PO BOX 7005
BLOOMFIELD, NJ 07003-7005

INTERNAL REVENUE SERVICE
CITY VIEW PLAZA II 48 CARR 16
SUITE 200
GUAYNABO, PR 00968

GONZALEZ TRADING, INC
PO BOX 364884
SAN JUAN, PR 00936-4884

HYDROFERA, LLC
340 PROGRESS DRIVE
MANCHESTER, CT 06042

INTERSTATE ALL BATTERY
PO BOX 363051
SAN JUAN, PR 00936-3051

GRACIELA J. BELAVAL
PO BOX 193785
SAN JUAN, PR 00919-3785

IFCO RECYCLING, INC
PO BOX 191744
SAN JUAN, PR 00919-1744

J & M DEPOT, INC
PO BOX 29427
SAN JUAN, PR 00929-9427

GUSTOS COFFEE CO
PO BOX 11277
SAN JUAN, PR 00922

IMMUNOSTICS, INC
38 INDUSTRIAL WAY EAST, STE 1
EATONTOWN, NJ 07724

J&J MEDICAL CARIBBEAN
475 CALLE C SUITE 200
GUAYNABO, PR 00969

HALYARD SALES, LLC
PO BOX 732583
DALLAS, TX 75373-2583

IMPERIAL FASTENER CO, INC
PO BOX 578
POMPANO BEACH, FL 33061

J.P. TRUCK
PO BOX 4811
CAROLINA, PR 00984

HEATHROW SCIENTIFIC, LLC
620 LAKEVIEW PARKWAY
VERNON HILLS, IL 60061

INTEGRA LIFESCIENCES SALES
PO BOX 404129
ATLANTA, GA 30384-4129

JAIME MADURO U.S. CUSTOMS
PO BOX 9022947
SAN JUAN, PR 00902-2947

HEAVY PARTS CENTER, INC
PO BOX 3157
BAYAMON, PR 00960-3157

INTEGRA LIFESCIENCES SALES
PO BOX 409984
ATLANTA, GA 30384-9984

JD HOONIGBERG INTERNATIONAL
155 N PFINGSTEN ROAD
SUITE 150
DEERFIELD, IL 60015

JOHNSON & JOHNSON
475 CALLE C SUITE 200
GUAYNABO, PR 00969

LLUCH FIRE & SAFETY INTL.
PO BOX 1016
SABANA SECA, PR 00952-1016

MEDLINE INDUSTRIES, INC
DEPT CH 14400
PALATINE, IL 60055-4400

JOHNSON & JOHNSON WOUND
475 CALLE C SUITE 200
GUAYNABO, PR 00969

LUCAS PRODUCTS
PO BOX 6570
TOLEDO, OH 43612

MEDPURPOSE, INC.
3883 ROGERS BRIDGE ROAD NW
SUITE 501
DULUTH, GA 30097

JOSE COLON ELEVATOR
202 WALL ST
GUAYNABO, PR 00966

LUXTEC/INTEGRA
JARIT SURGICAL INSTRUMENTS
PO BOX 409984
ATLANTA, GA 30384-9984

MENACO CORP
PO BOX 70183
SAN JUAN, PR 00936

JOSON-CARE ENTERPRISE
IF NO 280 CHENG DU RD.
XI-TUN DISTRICT
TAICHUNG CITY, TW

MADA INC
625 WASHINGTON AVENUE
CARLSTADT, NJ 07072

MERIDIAN BIOSCIENCE CORP
PO BOX 630224
CINCINNATI, OH 45263-0224

JT POSEY CO
PO BOX 51017
LOS ANGELES, CA 90051-5317

MAGIC TRANSPORT
PO BOX 360729
SAN JUAN, PR 00936-0729

METRO INTERNATIONAL CORP
75 REMITTANCE DRIVE
DEPT. 3044
CHICAGO, IL 60675-3044

KLYO MEDICAL SYSTEMS, INC
1464 NW 82ND AVENUE
MIAMI, FL 33126

MAGMEDIX, INC
160 AUTHORITY DRIVE
FITCHBURG, MA 01420

MICRO DIRECT
PO BOX 239
AUBURN, ME 04212-0239

KROMA
PO BOX 367304
SAN JUAN, PR 00936-7040

MARQUES-GUILLERMETTY, CPA
PO BOX 366067
SAN JUAN, PR 00936

MODERN TECH ASSOCIATES
CALLE WESER #144
URB. RIO PIEDRAS HEIGHTS
SAN JUAN, PR 00926

LANDSCAPE CONTRACTORS
PO BOX 2557
TOA BAJA, PR 00951

MEDICAL INTERNATIONAL
1900 PEWAUKEE ROAD
SUITE 0
WAUKESHA, WI 53188

MORTECH MANUFACTURING
411 N AEROJET AVENUE
AZUSA, CA 91702

LIBERTY CABLEVISION OF PUERTO RICO
PO BOX 71496
SAN JUAN, PR 00936-8596

MEDICAL TECHNIQUE, INC
8060 E. RESEARCH COURT
TUCSON, AZ 85710

MULTI-SYSTEMS, INC
PO BOX 191938
SAN JUAN, PR 00919-1938

MUNICIPAL REVENUE COLLECTION CENTER PO BOX 195387 SAN JUAN, PR 00919-5387	CEA TERRA, INC PO BOX 142137 ARECIBO, PR 00614-2137	ORACLE CARIBBEAN PUERTO R PO BOX 71436 SAN JUAN, PR 00936-8436
MUNICIPIO DE FAJARDO PO BOX 7346 APARTADO 865 FAJARDO, PR 00738	O&M HALYARD, INC 9120 LOCKWOOD BOULEVARD MECHANICSVILLE, VA 23116	ORACLE ELEVATOR COMPANY PO BOX 793 SAINT JUST, PR 00978
NATIONAL LIFT TRUCK SERVICE CALLE DIANA LOT 22 AMELIA INDUSTRIAL PARK GUAYNABO, PR 00968	OCASIO GATE O MATIC HC 61 BOX 4594 TRUJILLO ALTO, PR 00976	ORIENTAL TRUST OPERATIONS PO BOX 191429 SAN JUAN, PR 00919-1429
NEMF WORLD TRANSPORT INC PO BOX 3919 CAROLINA, PR 00984-3919	OCEAN FREIGHT LINK 3350 S.W. 148 AVE SUITE 110 HOLLYWOOD, FL 33027-3237	PAPER LAB URB. COLLEGE PARK 1827 CALLE ALCALA SAN JUAN, PR 00921-4342
NEOMED, INC 100 LONDONDENY CT SUITE 112 WOODSTOCK, GA 30188	OFFICE-IT PMB 245 SUITE 102 405 AVE. ESMERALDA GUAYNABO, PR 00969	PARI RESPIRATORY EQUIPMENT 2412 PARI WAY MIDLOTHIAN, VA 23112
NEPTUNO MEDIA PO BOX 191995 SAN JUAN, PR 00919-1995	OLIVER EXTERMINATING PO BOX 1264 CAGUAS, PR 00726-1264	PARKER LABS, INC 286 ELDRIGE ROAD FAIRFIELD, NJ 07004
NEW CLEANING SERVICE, INC. PO BOX 8177 BAYAMON, PR 00960-8177	OMNIMED, INC 800 GLEN AVENUE MOORESTOWN, NJ 08057-1122	PELEGRINA MEDICAL, INC PO BOX 910 SAINT JUST, PR 00978-0910
NIPRO MEDICAL OF PUERTO RICO PO BOX 810263 CAROLINA, PR 00981	ONEILL & GILMORE LAW 252 AVENUE PONCE DE LEON CITIBANK TOWERSM SUITE 1701 SAN JUAN, PR 00918	PELSTAR LLC/ HEALTH O METE 9500 W. 55TH ST LA GRANGE, IL 60525
NORTHERN ACRYLICS, INC. 2321 WEST SUPERIOR STREET DULUTH, MN 55806	OPTIVON, INC PO BOX 11881 SAN JUAN, PR 00922-1881	PITNEY BOWES PO BOX 11662 SAN JUAN, PR 00922-1662

POPULAR AUTO
PO BOX 15011
OLD SAN JUAN STATION
SAN JUAN, PR 00902-8511

PUERTO RICO DUST CONTROL
PO BOX 362048
SAN JUAN, PR 00936-2048

SAKURA FINETEK USA, INC
1750 W 214TH STREET
TORRANCE, CA 90501

PR DEPARMENT OF LABOR
PO BOX 195540
SAN JUAN, PR 00919-5540

PULMONARY SERVICES GROUP
PO BOX 19870
SAN JUAN, PR 00910-1870

SALTER LABS
8399 SOLUTIONS CENTER
CHICAGO, IL 60677-8003

PR DUST CONTROL
PO BOX 360546
SAN JUAN, PR 00936-0546

QUALITY WATER SERVICE
PO BOX 902096
SAN JUAN, PR 00902

SCHUERCH CORPORATION
452 RANDOLPH ST.
ABINGTON, MA 02351

PRAXAIR PR, INC
PO BOX 307
GURABO, PR 00778

R.A.W. SECURITY SERVICES
PMB 214-A
PO BOX 607071
BAYAMON, PR 00956

SECA CORP.
13601 BENSON AVE.
CHINO, CA 91710

PRECISION DYNAMICS CORP
PO BOX 71549
CHICAGO, IL 60694-1995

REAL BUSINNESS
1605 AVE. PONCE DE LEON
EDIF. SAN MARTIN SUITE 506
SAN JUAN, PR 00909

SMART SECURITY SERVICES
PO BOX 2110
BAYAMON, PR 00960

PRECISION MEDICAL INC
300 HELD DR
NORTHAMPTON, PA 18067

RESPIRONICS, INC
PO BOX 405740
ATLANTA, GA 30384-5740

SMART SECURITY SERVICES
PO BOX 50986
LEVITTOWN STATION
TOA BAJA, PR 00950-0986

PREMED, LLC
PO BOX 474
TRUJILLO ALTO, PR 00977

REY ELECTRICAL SERVICES
HC 73 BOX 5766
NARANJITO, PR 00719

SMITH MEDICAL
PO BOX 7247
PHILADELPHIA, PA 19170-7784

PRINTER REPAIR DEPOT, LLC
PO BOX 364846
SAN JUAN, PR 00936-4846

RICOH, PR
BOX 71459
SAN JUAN, PR 00936-8559

SMITHS MEDICAL ASD, INC
PO BOX 7247
PHILADELPHIA, PA 19170-7784

PRO-FAB, INC.
BOSQUE FARMS BLVD.
BOSQUE FARMS, NM 87068

RUSSIN, VECCHI & HEREDIA
EL RECONDO 2 MONTE MIRADOR
ENSANCHE BELLA VISTA 3ER PISO
SANTO DOMINGO, DO

SMITHS MEDICAL CO
PO BOX 7247
PHILADELPHIA, PA 19170-7784

SPOT ON HOLD
PO BOX 1836
MAYAGUEZ, PR 00681

TECHNO-AIDE, LLC
PO BOX 305172
DEPT 96
NASHVILLE, TN 37230

TRUMPF MEDIZIN SUSTEME GM
PO BOX 68
FARMINGTON, CT 06034-0068

SPS MEDICAL
6789 W. HENRIETTA ROAD
RUSH, NY 14543

TELEFLEX MEDICAL
PO BOX 601608
CHARLOTTE, NC 28260-1608

ULINE
PO BOX 88741
CHICAGO, IL 60680-1741

SS TECHOS, INC
PO BOX 2022
TRUJILLO ALTO, PR 00977

TELEFLEX MEDICAL/CV
PO BOX 601608
CHARLOTTE, NC 28260-1608

UNITED INSURANCE FINANCE
PO BOX 6356
SAN JUAN, PR 00914-6356

STATE INSURANCE FUND CORPORATION
PO BOX 365028
SAN JUAN, PR 00936-5028

INTRA MEDICAL SUPPLY CORP.
6364 WEST GROSS POINT ROAD
NILES, IL 60714

UNITED PARCEL SERVICE
PO BOX 71594
SAN JUAN, PR 00936-8694

STERICYCLE, INC
PO BOX 6582
CAROL STREAM, IL 60197

THERMI FISHER SCIENTIFIC
8364 VALLEY PIKE
MIDDLETOWN, VA 22645

UPM GROUP
PO BOX 192052
SAN JUAN, PR 00919-5052

SURGICAL SPECIALTIES
PO BOX 419407
BOSTON, MA 02241-9407

TIDI PRODUCTS, LLC
PO BOX 776290
CHICAGO, IL 60677-6290

UPR SCHOOL OF MEDICINE
PO BOX 365067
SAN JUAN, PR 00936-5067

SURGICAL SPECIALTIES PR
PO BOX 823444
PHILADELPHIA, PA 19182-3444

TORCOS, INC
PO BOX 29708
SAN JUAN, PR 00929-0708

VEGA MEDICAL, INC
PO BOX 1937
VEGA BAJA, PR 00694-1937

SYSTEM ONE, INC
BOX 10567
SAN JUAN, PR 00922

TRI-TEX ENTERPRISES
4909 LAKAWANA STREET
DALLAS, TX 75247

VYAIR MEDICAL, INC
29429 NETWORK PLACE
CHICAGO, IL 60673-1294

SYSTRONICS, INC
PO BOX 194030
CA 91940-3000

TRIPLE S-SALUD
PO BOX 71548
SAN JUAN, PR 00936-8648

VYGON
PO BOX 787426
PHILADELPHIA, PA 19178-7426

WATERLOO HEALTHCARE
PO BOX 53555
PHOENIX, AZ 85072-3555

WELLS JOHNSON COMPANY
8000 S. KOLB ROAD
TUCSON, AZ 85756

WESTMED, INC
PO BOX 29661
PHOENIX, AZ 85038-9661

WEXLER SURGICAL, INC.
11333 CHIMNEY ROCK RD.
SUITE 110
HOUSTON, TX 77035

WILFREDO PICORELLI
AVENIDA ROBERTO CLEMENTE
#D-1
CAROLINA, PR 00985

WINCO, INC
5516 SW FIRST LANE
OCALA, FL 34474

WOLF X-RAY CORP
100 WEST INDUSTRY COURT
DEER PARK, NY 11729

YOKOGAWA CORP OF AMERICA
2 DART ROAD
NEWNAN, GA 30265

YOLANDA BENITEZ, COTTO
CITY TOWERS SUITE 802
SAN JUAN, PR 00918